

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 01/22/2020
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS A Life Safety Code Revisit Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 01/22/2020. During this Life Safety Revisit Survey, The Waters of Shelbyville, LLC was found in substantial compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.70(a), The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).	{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th day / 70th
12-24-19 / 1-15-20

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2019
--	--	---	--

NAME OF PROVIDER OR SUPPLIER

THE WATERS OF SHELBYVILLE, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

**835 UNION STREET
SHELBYVILLE, TN 37160**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Stories: 2 Construction Type: NFPA, II (000) Plans Available onsite Constructed: 1960's Sprinklered: Yes Certified beds: 96 Census: 69 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 11/05/2019. During this Life Safety Survey, The Waters of Shelbyville, LLC was found not in substantial compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.70(a), The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the	K 222	It is the intent of the facility to insure to maintain all delayed egress doors to meet set standards. 1. CORRECTIVE ACTIONS TAKEN: a. On 11/27/19, the Maintenance Director repaired the alarm on the egress door by room #65 so it could be heard when activated to meet set standards. The	12/18/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 222	<p>Continued From page 1</p> <p>rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p>	K 222	<p>Administrator verified the repairs on 11/27/19.</p> <p>b. On 11/5/19 the Maintenance Supervisor/designee installed a label indicating the 30" delayed egress door on the door across from the indoor smoking area to meet set standards. The Administrator verified the installation of the label on 11/27/19.</p> <p>2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a. All residents and all staff and visitors have the potential to be affected but none were. On 11/27/19 the Maintenance Supervisor/designee tested all other delay activation alarms on delayed egress doors and inspected all other delayed egress doors for proper labeling and found no other negative findings.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 222	Continued From page 1 rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS	K 222	3. MEASURES TO PREVENT REOCCURRENCE: a. On 11/27/19, the Administrator inserviced the Maintenance Supervisor/designee on the requirement that the volume of the delay activation alarm must be sufficient to be heard by staff and delayed egress doors must be labeled as such to meet set standards. b. Maintenance Supervisor/designee will test all delay activation alarms on delayed egress doors and inspect labels on all delayed egress doors monthly to insure they work properly and are maintained as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 222	Continued From page 1 rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS	K 222	Supervisor/designee will review with the Administrator the inspection results. c. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. 4. MONITORING CORRECTIVE ACTION: a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 222	Continued From page 2 Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and testing, the facility failed to maintain all delayed egress doors. The findings include: 1. Observation and testing on 11/05/2019 at 11:27 AM, revealed the 30 second delay activation alarm was insufficient in volume on the egress door by room 65. Upon activation no staff member in the hall could hear it. This device was also noticeably quieter than all the other delayed egress alarms in the building. NFPA 101, 19.2.2.2.1 (2012 Edition), NFPA 101, 7.2.1.6.1.1 #3 (2012 Edition) 2. Observation and testing on 11/05/2019 at 11:32 AM, the 30 second delayed egress door across from the indoor smoking area was not labeled as such. NFPA 101, 19.2.2.2.1 (2012 Edition), NFPA 101, 7.2.1.6.1.1 #4 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 222	necessary to insure compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12/18/19.		
K 281 SS=D	Illumination of Means of Egress CFR(s): NFPA 101	K 281			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 281	Continued From page 3 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on an observation, the facility failed to provide proper illumination of the means of egress. The finding included: Observation on 11/05/2019 at 12:07 PM, revealed inadequate egress lighting available in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2.8 (2012 Edition), NFPA 101, 7.8.1.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 281	It is the intent of the facility to insure proper illumination at the means of egress to meet set standards. 1. CORRECTIVE ACTIONS TAKEN: a. By 12/18/19 the Maintenance Supervisor/designee will install egress lighting in the enclosed courtyard to be either continuously in operation or capable of automatic operation without manual intervention to meet set standards. The Administrator will verify by 12/18/19. Currently getting bids for this job.	12/18/19	
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 281	Continued From page 3 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on an observation, the facility failed to provide proper illumination of the means of egress. The finding included: Observation on 11/05/2019 at 12:07 PM, revealed inadequate egress lighting available in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2.8 (2012 Edition), NFPA 101, 7.8.1.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 281	2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a. All residents and all staff and visitors have the potential to be affected but none were. On 11/27/19 the Maintenance Supervisor/designee inspected all other means of egress for proper lighting and found no other negative findings.		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 281	Continued From page 3 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on an observation, the facility failed to provide proper illumination of the means of egress. The finding included: Observation on 11/05/2019 at 12:07 PM, revealed inadequate egress lighting available in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2.8 (2012 Edition), NFPA 101, 7.8.1.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 281	3. MEASURES TO PREVENT REOCCURRENCE: a. On 11/27/19, the Administrator in- serviced the Maintenance Supervisor/designee on the requirement that all means of egress must have proper illumination that is either continuously I operation or capable of automatic operation without manual intervention to meet set standards.		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 281	Continued From page 3 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on an observation, the facility failed to provide proper illumination of the means of egress. The finding included: Observation on 11/05/2019 at 12:07 PM, revealed inadequate egress lighting available in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2.8 (2012 Edition), NFPA 101, 7.8.1.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 281	b. Maintenance Supervisor/designee will inspect all means of egress monthly to insure the lighting is working properly as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 281	Continued From page 3 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on an observation, the facility failed to provide proper illumination of the means of egress. The finding included: Observation on 11/05/2019 at 12:07 PM, revealed inadequate egress lighting available in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2.8 (2012 Edition), NFPA 101, 7.8.1.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 281	Administrator the inspection results. c. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 281	Continued From page 3 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on an observation, the facility failed to provide proper illumination of the means of egress. The finding included: Observation on 11/05/2019 at 12:07 PM, revealed inadequate egress lighting available in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2.8 (2012 Edition), NFPA 101, 7.8.1.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 281	4. MONITORING CORRECTIVE ACTION: a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI)		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 281	Continued From page 3 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on an observation, the facility failed to provide proper illumination of the means of egress. The finding included: Observation on 11/05/2019 at 12:07 PM, revealed inadequate egress lighting available in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2.8 (2012 Edition), NFPA 101, 7.8.1.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 281	meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to insure compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12/18/19.		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced	K 293	It is the intent of the facility to insure to provide proper exit signs to meet set standards. 1. CORRECTIVE ACTIONS TAKEN: a. By 12/18/19 the Maintenance Supervisor/designee will repair the 2 exit signs in the enclosed		12/18/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 293	Continued From page 4 by: Based on observations, the facility failed to provide proper exit signs. The findings include: Observation on 11/05/2019 at 12:07 PM, revealed 2 of 2 exit signs in the roughly 70 ft by 70 ft enclosed courtyard that were not illuminated. NFPA 101, 19.2.10.1 (2012 Edition), NFPA 101, 7.10.5.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 293	courtyard to illuminate properly to meet set standards. The Administrator will verify the repairs by 12/18/19.		
K 343 SS=D	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide audible and visible alarms in accordance with NFPA 72.	K 343	2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a. All residents and all staff and visitors have the potential to be affected but none were. On 11/27/19, the Maintenance		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 293	Continued From page 4 by: Based on observations, the facility failed to provide proper exit signs. The findings include: Observation on 11/05/2019 at 12:07 PM, revealed 2 of 2 exit signs in the roughly 70 ft by 70 ft enclosed courtyard that were not illuminated. NFPA 101, 19.2.10.1 (2012 Edition), NFPA 101, 7.10.5.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 293	Supervisor/designee inspected all other exits to insure they had proper exit signs that illuminated properly and found no other negative findings.		
K 343 SS=D	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide audible and visible alarms in accordance with NFPA 72.	K 343	3. MEASURES TO PREVENT REOCCURRENCE: a. On 11/27/19 the Administrator in- served the Maintenance Supervisor/designee on		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 293	Continued From page 4 by: Based on observations, the facility failed to provide proper exit signs. The findings include: Observation on 11/05/2019 at 12:07 PM, revealed 2 of 2 exit signs in the roughly 70 ft by 70 ft enclosed courtyard that were not illuminated. NFPA 101, 19.2.10.1 (2012 Edition), NFPA 101, 7.10.5.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 293	the requirement that all exits must have proper exit signs that illuminate to meet set standards.		
K 343 SS=D	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide audible and visible alarms in accordance with NFPA 72.	K 343	b. Maintenance Supervisor/designee will inspect all exit signs to insure they illuminate properly as a part of the facility's Preventive Maintenance Program and document those		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 293	Continued From page 4 by: Based on observations, the facility failed to provide proper exit signs. The findings include: Observation on 11/05/2019 at 12:07 PM, revealed 2 of 2 exit signs in the roughly 70 ft by 70 ft enclosed courtyard that were not illuminated. NFPA 101, 19.2.10.1 (2012 Edition), NFPA 101, 7.10.5.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 293	inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results.		
K 343 SS=D	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide audible and visible alarms in accordance with NFPA 72.	K 343	c. The Administrator will monitor adherence to the Preventative		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 293	Continued From page 4 by: Based on observations, the facility failed to provide proper exit signs. The findings include: Observation on 11/05/2019 at 12:07 PM, revealed 2 of 2 exit signs in the roughly 70 ft by 70 ft enclosed courtyard that were not illuminated. NFPA 101, 19.2.10.1 (2012 Edition), NFPA 101, 7.10.5.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 293	Maintenance schedule and validate the Preventative Maintenance documentation is in place.		
K 343 SS=D	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide audible and visible alarms in accordance with NFPA 72.	K 343	4. MONITORING CORRECTIVE ACTION: a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 293	Continued From page 4 by: Based on observations, the facility failed to provide proper exit signs. The findings include: Observation on 11/05/2019 at 12:07 PM, revealed 2 of 2 exit signs in the roughly 70 ft by 70 ft enclosed courtyard that were not illuminated. NFPA 101, 19.2.10.1 (2012 Edition), NFPA 101, 7.10.5.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 293	Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as		
K 343 SS=D	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide audible and visible alarms in accordance with NFPA 72.	K 343			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 293	Continued From page 4 by: Based on observations, the facility failed to provide proper exit signs. The findings include: Observation on 11/05/2019 at 12:07 PM, revealed 2 of 2 exit signs in the roughly 70 ft by 70 ft enclosed courtyard that were not illuminated. NFPA 101, 19.2.10.1 (2012 Edition), NFPA 101, 7.10.5.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 293	deemed necessary to insure compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12/18/19.		
K 343 SS=D	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide audible and visible alarms in accordance with NFPA 72.	K 343	It is the intent of the facility to insure to provide both audible and visible fire alarms to meet set standards. 1. CORRECTIVE ACTIONS TAKEN: a. By 12/18/19 a licensed contractor will install both audible and visible fire alarm notification devices in the enclosed courtyard to meet set standards. The Administrator will verify the installation by 12/18/19.	12/18/19	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 343	Continued From page 5 The finding included: Observation on 11/05/2019 at 12:07 PM, revealed no audible and no visible fire alarm notification device(s) in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.3.4.3 (2012 Edition), NFPA 101, 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 343	2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a. All residents and all staff and visitors have the potential to be affected but none were. The facility has only one enclosed courtyard.		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door assemblies.	K 761			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 343	Continued From page 5 The finding included: Observation on 11/05/2019 at 12:07 PM, revealed no audible and no visible fire alarm notification device(s) in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.3.4.3 (2012 Edition), NFPA 101, 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 343	3. MEASURES TO PREVENT REOCCURRENCE: a. On 11/27/19 the Administrator in- served the Maintenance Supervisor/designee on the requirement that the enclosed courtyard must have both audible and visible fire alarm		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door assemblies.	K 761			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 343	Continued From page 5 The finding included: Observation on 11/05/2019 at 12:07 PM, revealed no audible and no visible fire alarm notification device(s) in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.3.4.3 (2012 Edition), NFPA 101, 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 343	notification devices to meet set standards. b. Maintenance Supervisor/designee will test both the audible and visible fire alarm notification devices monthly to insure proper operation as a part of the facility's Preventive Maintenance Program		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door assemblies.	K 761			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 343	Continued From page 5 The finding included: Observation on 11/05/2019 at 12:07 PM, revealed no audible and no visible fire alarm notification device(s) in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.3.4.3 (2012 Edition), NFPA 101, 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 343	and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results.	
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door assemblies.	K 761		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 343	Continued From page 5 The finding included: Observation on 11/05/2019 at 12:07 PM, revealed no audible and no visible fire alarm notification device(s) in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.3.4.3 (2012 Edition), NFPA 101, 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 343	c. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door assemblies.	K 761	4. MONITORING CORRECTIVE ACTION: a. The inspection results		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 343	Continued From page 5 The finding included: Observation on 11/05/2019 at 12:07 PM, revealed no audible and no visible fire alarm notification device(s) in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.3.4.3 (2012 Edition), NFPA 101, 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 343	will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI)		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door assemblies.	K 761			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A: BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 343	Continued From page 5 The finding included: Observation on 11/05/2019 at 12:07 PM, revealed no audible and no visible fire alarm notification device(s) in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.3.4.3 (2012 Edition), NFPA 101, 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 343	meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door assemblies.	K 761			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 343	Continued From page 5 The finding included: Observation on 11/05/2019 at 12:07 PM, revealed no audible and no visible fire alarm notification device(s) in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.3.4.3 (2012 Edition), NFPA 101, 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 343	insure compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12/18/19.		
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door assemblies.	K 761	It is the intent of the facility to insure to provide documentation showing testing and inspections of fire door assemblies to meet set standards. 1. CORRECTIVE ACTIONS TAKEN: a. On 11/27/19 the Administrator in-serviced the Maintenance Supervisor/designee on the policy that all fire door assemblies must be inspected and tested annually and those be documented on the Annual Fire Door Inspection form to meet set standards.	12/18/19	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 761	Continued From page 6 The finding included: Document review on 11/05/2019 between 9:15 AM and 10:36 AM, revealed no documentation for fire door assembly inspections within the last year. NFPA 101, 19.7.6 (2012 Edition), NFPA 101, 4.4.2.1 (2012 Edition), NFPA 101, 8.2.2.4 (2012 Edition), NFPA 80, 5.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 761	2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a. All residents and all staff and visitors have the potential to be affected but none were. On 11/27/19 the Maintenance Supervisor/designee inspected and tested all of the fire door assemblies and documented the	
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment. The finding included: 1. Observation on 11/05/2019 at 11:21 AM, revealed a wall outlet not secured to the junction box in room 59. NFPA 101, 19.5.1.1 (2012 Edition), NFPA 101, 9.1.2 (2012 Edition), NFPA 70, 110.12 (2011	K 919		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 761	Continued From page 6 The finding included: Document review on 11/05/2019 between 9:15 AM and 10:36 AM, revealed no documentation for fire door assembly inspections within the last year. NFPA 101, 19.7.6 (2012 Edition), NFPA 101, 4.4.2.1 (2012 Edition), NFPA 101, 8.2.2.4 (2012 Edition), NFPA 80, 5.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 761	findings on the Annual Fire Door Inspection; no negative findings were discovered during the inspection and testing.		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment. The finding included: 1. Observation on 11/05/2019 at 11:21 AM, revealed a wall outlet not secured to the junction box in room 59. NFPA 101, 19.5.1.1 (2012 Edition), NFPA 101, 9.1.2 (2012 Edition), NFPA 70, 110.12 (2011	K 919	3. MEASURES TO PREVENT REOCCURRENCE: a. Maintenance Supervisor/designee will conduct annual tests and inspections annually as a part of the		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 761	Continued From page 6 The finding included: Document review on 11/05/2019 between 9:15 AM and 10:36 AM, revealed no documentation for fire door assembly inspections within the last year. NFPA 101, 19.7.6 (2012 Edition), NFPA 101, 4.4.2.1 (2012 Edition), NFPA 101, 8.2.2.4 (2012 Edition), NFPA 80, 5.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 761	facility's Preventive Maintenance Program and document those inspection results on the Annual Fire Door Inspections form. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment. The finding included: 1. Observation on 11/05/2019 at 11:21 AM, revealed a wall outlet not secured to the junction box in room 59. NFPA 101, 19.5.1.1 (2012 Edition), NFPA 101, 9.1.2 (2012 Edition), NFPA 70, 110.12 (2011	K 919			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 761	Continued From page 6 The finding included: Document review on 11/05/2019 between 9:15 AM and 10:36 AM, revealed no documentation for fire door assembly inspections within the last year. NFPA 101, 19.7.6 (2012 Edition), NFPA 101, 4.4.2.1 (2012 Edition), NFPA 101, 8.2.2.4 (2012 Edition), NFPA 80, 5.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 761	Administrator the inspection results. b. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment. The finding included: 1. Observation on 11/05/2019 at 11:21 AM, revealed a wall outlet not secured to the junction box in room 59. NFPA 101, 19.5.1.1 (2012 Edition), NFPA 101, 9.1.2 (2012 Edition), NFPA 70, 110.12 (2011	K 919			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 761	Continued From page 6 The finding included: Document review on 11/05/2019 between 9:15 AM and 10:36 AM, revealed no documentation for fire door assembly inspections within the last year. NFPA 101, 19.7.6 (2012 Edition), NFPA 101, 4.4.2.1 (2012 Edition), NFPA 101, 8.2.2.4 (2012 Edition), NFPA 80, 5.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 761	4. MONITORING CORRECTIVE ACTION: a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment. The finding included: 1. Observation on 11/05/2019 at 11:21 AM, revealed a wall outlet not secured to the junction box in room 59. NFPA 101, 19.5.1.1 (2012 Edition), NFPA 101, 9.1.2 (2012 Edition), NFPA 70, 110.12 (2011	K 919			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 761	Continued From page 6 The finding included: Document review on 11/05/2019 between 9:15 AM and 10:36 AM, revealed no documentation for fire door assembly inspections within the last year. NFPA 101, 19.7.6 (2012 Edition), NFPA 101, 4.4.2.1 (2012 Edition), NFPA 101, 8.2.2.4 (2012 Edition), NFPA 80, 5.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 761	Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment. The finding included: 1. Observation on 11/05/2019 at 11:21 AM, revealed a wall outlet not secured to the junction box in room 59. NFPA 101, 19.5.1.1 (2012 Edition), NFPA 101, 9.1.2 (2012 Edition), NFPA 70, 110.12 (2011	K 919			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 761	Continued From page 6 The finding included: Document review on 11/05/2019 between 9:15 AM and 10:36 AM, revealed no documentation for fire door assembly inspections within the last year. NFPA 101, 19.7.6 (2012 Edition), NFPA 101, 4.4.2.1 (2012 Edition), NFPA 101, 8.2.2.4 (2012 Edition), NFPA 80, 5.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 761	insure compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12/18/19.		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain electrical equipment. The finding included: 1. Observation on 11/05/2019 at 11:21 AM, revealed a wall outlet not secured to the junction box in room 59. NFPA 101, 19.5.1.1 (2012 Edition), NFPA 101, 9.1.2 (2012 Edition), NFPA 70, 110.12 (2011	K 919	It is the intent of the facility to insure to maintain electrical equipment to meet set standards. 1. CORRECTIVE ACTIONS TAKEN: a. On 11/27/19 the Maintenance Supervisor/designee secured the wall outlet to the junction box in Room #59 to meet set standards. b. On 11/12/19 the Maintenance Supervisor/designee replaced the power cord for the TV of Bed #2 in Room #80 to meet set standards.		12/18/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 919	Continued From page 7 Edition) 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room 80 that was electrical taped due to damage of the power cord. This cord also had a broken ground prong on the plug. NFPA 99, 10.3.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 919	2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a. All residents and all staff and visitors have the potential to be affected but none were. On 11/23/19 the Maintenance Supervisor/designee inspected all wall		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.	K 920			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 919	Continued From page 7 Edition) 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room 80 that was electrical taped due to damage of the power cord. This cord also had a broken ground prong on the plug. NFPA 99, 10.3.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 919	outlets and TV power cords throughout the facility for disrepair and found no other no negative findings.		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.	K 920	3. MEASURES TO PREVENT REOCCURRENCE: a. On 11/27/19 the Administrator in- serviced the Maintenance		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 919	Continued From page 7 Edition) 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room 80 that was electrical taped due to damage of the power cord. This cord also had a broken ground prong on the plug. NFPA 99, 10.3.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 919	Supervisor/designee on the requirement that outlets must be properly installed and all equipment cords must be in good repair to meet set standards.		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.	K 920	b. Maintenance Supervisor/designee will inspect all wall outlets and TV power		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 919	Continued From page 7 Edition) 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room 80 that was electrical taped due to damage of the power cord. This cord also had a broken ground prong on the plug. NFPA 99, 10.3.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 919	cords throughout the facility monthly for disrepair as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.	K 920			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 919	Continued From page 7 Edition) 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room 80 that was electrical taped due to damage of the power cord. This cord also had a broken ground prong on the plug. NFPA 99, 10.3.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 919	immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results. c. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.	K 920			

Cont.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 919	Continued From page 7 Edition) 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room 80 that was electrical taped due to damage of the power cord. This cord also had a broken ground prong on the plug. NFPA 99, 10.3.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 919	Preventative Maintenance documentation is in place.		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.	K 920	4. MONITORING CORRECTIVE ACTION: a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator		

Cont.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 919	Continued From page 7 Edition) 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room 80 that was electrical taped due to damage of the power cord. This cord also had a broken ground prong on the plug. NFPA 99, 10.3.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 919	monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.	K 920			

Cont.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 919	Continued From page 7 Edition) 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room 80 that was electrical taped due to damage of the power cord. This cord also had a broken ground prong on the plug. NFPA 99, 10.3.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.	K 919	Committee with subsequent plans of correction developed and implemented as deemed necessary to insure compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12/18/19.		
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.	K 920	It is the intent of the facility to prevent the use of unapproved power taps and extension cords to meet set standards. 1. CORRECTIVE ACTIONS TAKEN: a. On 11/14/19 the Maintenance Supervisor/designee removed the power strips in the IT Room located in the basement and installed an outlet to meet set standards. b. On 11/5/19 the Maintenance Supervisor/designee removed the power	12/18/19	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 920	<p>Continued From page 8</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to prevent the use of unapproved power taps and extension cord use.</p> <p>The findings include:</p> <p>1. Observation on 11/05/2019 at 10:38 AM, revealed power strips daisy chained back to back in the IT room located in the basement. NFPA 99, 10.2.4 (2012 Edition)</p> <p>2. Observation on 11/05/2019 at 10:46 AM, revealed 1 power strip powering the patients personal equipment not listed for the use in room 147. NFPA 99, 10.2.4 (2012 Edition)</p> <p>3. Observation on 11/05/2019 at 11:12 AM, revealed 1 power strip powering a TV and an exercise bike in the physical therapy room. NFPA 99, 10.2.4 (2012 Edition)</p> <p>4. Observation on 11/05/2019 at 11:17 AM, revealed 1 extension cord being used to power a clock behind the blue couch next to the front door in room 58. NFPA 99, 10.2.4 (2012 Edition) NFPA 70, 590.3 (2011 Edition)</p> <p>The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.</p>	K 920	<p>strip powering personal equipment in Room #147 and installed an outlet to meet set standards.</p> <p>c. On 11/16/19 the Maintenance Supervisor/designee removed the power strips powering the TV and exercise bike in the Physical Therapy Room and installed an outlet to meet set standards.</p> <p>d. On 11/5/19 the Maintenance Supervisor/designee removed extension cord used to power a clock behind the blue couch next to the front door in Room #58 and installed an outlet to meet set standards.</p> <p>2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a. All residents and all staff and visitors have the potential to be affected but none</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 920	<p>Continued From page 8</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to prevent the use of unapproved power taps and extension cord use.</p> <p>The findings include:</p> <p>1. Observation on 11/05/2019 at 10:38 AM, revealed power strips daisy chained back to back in the IT room located in the basement. NFPA 99, 10.2.4 (2012 Edition)</p> <p>2. Observation on 11/05/2019 at 10:46 AM, revealed 1 power strip powering the patients personal equipment not listed for the use in room 147. NFPA 99, 10.2.4 (2012 Edition)</p> <p>3. Observation on 11/05/2019 at 11:12 AM, revealed 1 power strip powering a TV and an exercise bike in the physical therapy room. NFPA 99, 10.2.4 (2012 Edition)</p> <p>4. Observation on 11/05/2019 at 11:17 AM, revealed 1 extension cord being used to power a clock behind the blue couch next to the front door in room 58. NFPA 99, 10.2.4 (2012 Edition) NFPA 70, 590.3 (2011 Edition)</p> <p>The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.</p>	K 920	<p>were. On 11/23/19 the Maintenance Supervisor/designee inspected all locations throughout the facility for power strips and extension cords and found no other negative findings.</p> <p>3. MEASURES TO PREVENT REOCCURRENCE:</p> <p>a. On 11/27/19 the Administrator in-serviced the Maintenance Supervisor/designee and all other facility staff on the requirement that power strips and extension cords are prohibited from being used within the facility to meet set standards.</p> <p>b. Maintenance Supervisor/designee will inspect all locations throughout the facility monthly for power strips and extension</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 920	<p>Continued From page 8</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to prevent the use of unapproved power taps and extension cord use.</p> <p>The findings include:</p> <p>1. Observation on 11/05/2019 at 10:38 AM, revealed power strips daisy chained back to back in the IT room located in the basement. NFPA 99, 10.2.4 (2012 Edition)</p> <p>2. Observation on 11/05/2019 at 10:46 AM, revealed 1 power strip powering the patients personal equipment not listed for the use in room 147. NFPA 99, 10.2.4 (2012 Edition)</p> <p>3. Observation on 11/05/2019 at 11:12 AM, revealed 1 power strip powering a TV and an exercise bike in the physical therapy room. NFPA 99, 10.2.4 (2012 Edition)</p> <p>4. Observation on 11/05/2019 at 11:17 AM, revealed 1 extension cord being used to power a clock behind the blue couch next to the front door in room 58. NFPA 99, 10.2.4 (2012 Edition) NFPA 70, 590.3 (2011 Edition)</p> <p>The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.</p>	K 920	<p>ords to meet set standards. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results.</p> <p>c. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4. MONITORING CORRECTIVE ACTION:</p> <p>a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 920	<p>Continued From page 8</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to prevent the use of unapproved power taps and extension cord use.</p> <p>The findings include:</p> <p>1. Observation on 11/05/2019 at 10:38 AM, revealed power strips daisy chained back to back in the IT room located in the basement. NFPA 99, 10.2.4 (2012 Edition)</p> <p>2. Observation on 11/05/2019 at 10:46 AM, revealed 1 power strip powering the patients personal equipment not listed for the use in room 147. NFPA 99, 10.2.4 (2012 Edition)</p> <p>3. Observation on 11/05/2019 at 11:12 AM, revealed 1 power strip powering a TV and an exercise bike in the physical therapy room. NFPA 99, 10.2.4 (2012 Edition)</p> <p>4. Observation on 11/05/2019 at 11:17 AM, revealed 1 extension cord being used to power a clock behind the blue couch next to the front door in room 58. NFPA 99, 10.2.4 (2012 Edition) NFPA 70, 590.3 (2011 Edition)</p> <p>The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.</p>	K 920	<p>results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to insure compliance is maintained.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12/18/19.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments During the emergency preparedness survey conducted on 11/05/2019, no deficiencies were cited.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

ADMINISTRATOR

(X6) DATE

11/29/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.